



# STATEMENT OF PARTNERSHIP FILED EFFECTIVE AUTHORITY

(Instructions on back of application)

2006 JUN -2 AM 8:50

SECRETARY OF STATE

STATE OF IDAHO

The undersigned partnership hereby files a statement of partnership authority, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-303.

Escobedo Enterprises

1. The name of the partnership is: \_\_\_\_\_

2. The street address of its chief executive office is: \_\_\_\_\_

50 Zimmer Lane, Horseshoe Bend, ID 83629

3. The street address of one (1) office in Idaho: \_\_\_\_\_

50 Zimmer Lane, Horseshoe Bend, ID 83629

4. The names and mailing addresses of all partners (attached sheets may be added):

Name

Louis A. Escobedo, Jr.

Address

50 Zimmer Lane, Horseshoe Bend, ID 83629

Christine A. Escobedo

50 Zimmer Lane, Horseshoe Bend, ID 83629

OR the name and address of the registered agent in Idaho is:

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

Louis A. Escobedo, Jr.

Christine A. Escobedo

6. Signature of at least 2 partners:

1)

Typed Name Louis A. Escobedo

2)

Typed Name Christine A. Escobedo

3)

Typed Name

Secretary of State use only

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Revised 01/2001

Web Form

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06/02/2006 05:00  
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